

## ISDH HSP Health Education Risk Reduction Service Standard

### **HRSA Service Definition:**

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.

Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre- exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

*Program Guidance:*

- Health Education/Risk Reduction services cannot be delivered anonymously.

### **Key Services Components and Activities:**

Key services components and activities are noted in the Service Standards below.

### **HSP Service Standards:**

Standard	Documentation
<b>1. Personnel Qualifications</b>	
1. Facilitators must complete the risk reduction intervention training selected by ISDH and offered by Capacity Building Assistance (CBA) agencies	1. Documentation of training completion in the form of a certificate received from the CBA
<b>2. Eligibility Criteria</b>	
1. Subrecipients must have established criteria for the provision of health education and risk reduction services that includes, at minimum: <ul style="list-style-type: none"><li>a. Eligibility verification consistent with recipient requirements</li></ul>	<div>1. Non-medical case managers must maintain up to date eligibility records for clients according to agency protocol and in any data system required by ISDH.</div> <div>2. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program.<ul style="list-style-type: none"><li>• Acceptable documentation includes a current eligibility approval letter dated within 6 months of service provision. These letters may be accessed from the client's Non-medical case management, and includes effective and end dates of eligibility and those services for which the client may enroll.</li></ul></div> <div>3. Documentation must be made available for review by ISDH upon request.</div>

<b>3. Intake</b>	
1. Client will complete a Pre-Intervention Survey	1. Documentation of completed survey in client's file
<b>4. Service Delivery/Treatment</b>	
1. Facilitator will deliver the appropriate level of service for the client based on the client's willingness and ability to participate 2. Facilitator will develop, maintain, and enforce an attendance policy 3. Facilitator will develop resource packets for clients which will include at minimum: available substance use treatment in the region, health care coverage options, and psychosocial support services available in region. These will work to address questions and concerns that cannot be addressed during the intervention sessions	1. All service delivery will be documented in case notes and reflected in client's file
<b>5. Discharge</b>	
1. After completion of the core sessions or menu sessions offered a Post-Intervention survey will be completed by client. 2. Agency must have a policy in place to determine appropriate discharge if facilitator cannot contact client.	1. Documentation of survey will be present in client's file 2. Documentation of written policy

**Subservices:**

- Health Education Risk Reduction

**Service Unit Definition:**

- Unit = 1 visit